

EMPLOYMENT APPLICATION

ALL INFORMATION WILL BE KEPT CONFIDENTIAL & USED FOR HIRING PURPOSES

DATE:	PLEASE PRINT						
FULL NAME: PHONE #: ADDRESS: CELL #: CITY: SSN: STATE: EMAIL: DRIVERS LICENSE INFORMATION STATE: LICENSE #: TYPE/CLASS: ENDORSEMENTS: DO YOU BELONG TO A UNION? WHAT DATE CAN YOU STARED WHAT							
ADDRESS: CITY: SSN: STATE: EMAIL: DRIVERS LICENSE INFORMATION STATE: LICENSE #: TYPE/CLASS: ENDORSEMENTS: DO YOU BELONG TO A UNION? WHAT DATE CAN YOU STAR No Yes - which local? HAVE YOU EVER BEEN EMPLOYED BY CASPER CONSTRUCTION? IF YES, WHAT CREW DATES? ARE YOU CURRENTLY EMPLOYED? No							
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□ No	AND FROM WHAT						
□ Yes							
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. WITH OR WITHOUT AN EMPL	OYMENT VISA?						
□ No □ Yes							
WILL YOU REQUIRE EMPLOYMENT VISA SPONSORSHIP? □ No □ Yes							

ARE YOU WILLING TO TRAVEL? MAY WE CONTACT YOUR PREVIOUS EMPLO							OUS EMPLOYERS?	
□ No					No			
☐ Yes					Yes			
WORK EXPERIENCE—last 5 years								
	DATES	OF	SUPERVISO	DR				
<i>EMPLOYER</i>	EMPLOYMENT		(NAME & PHONE #)		EMPLOYMENT DUTIES			
	(MM/YY)	(TTIME & TITOTKE II)		EMI POTMEM DOTTES			
EDUCATION HISTOR	Y							
						GRADUATION		
	NAME OF	NAME OF SCHOOL		DIPLOMA/DEGREE		YEARS COMPLETED	DATE	
HIGH SCHOOL/GED								
COLLEGE/UNIVERSITY								
TRADE/GRADUATE SCHOOL								
JCHOOL								
APPLICABLE EDUCAT	TION & SAI	ETY TE	RAINING					
	STATE	SUPEI	RVISOR OR W	VORKER		EXPIRATION DATE		
HAZMAT/HAZWOPER								
MSHA								
CPR / FIRST AID								
ASBESTOS								
OTHER								

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

PLEASE LIST ANY OTHER QUALIFICATIONS AND SKILLS YOU BELIEVE ARE RELEVANT TO POSITION BEING APPLIED FOR.						
REFERENCES - Please list						
NAME	ORGANIZATION	PHONE NUMBER	RELATION			
		,	,			
employment in accordance regulations of Federal, State against or harass any employ sexual orientation, disability with regard to public assists. Please read the following state signed will not be considered: I certify that all the information of this form, I am acknowledging the	with all applicable Equal Ene and Local governing bodie byee or applicant for employey, age, marital status, memberance. Ements. If they are accurate, pas properly completed. Given on this job application for nat any false or misleading information supplied	nployment Opportunity/Affirms or agencies thereof. Our organisment because of race, color, crearship or activity in a local human please sign this application forms are is true, complete, and correct to mation supplied by me shall be ground.	n. Applications which are not the best of my knowledge. By signing			
13.43) to Casper Construction, In authorize Casper Construction, I	nc., and I authorize persons cor inc. to conduct a criminal backg in the results of a reference and/	ntacted by Casper Construction, In- ground check on me. I understand to or criminal background check and				
my employment record. I release herein, and their employees, office release of information about me indemnify and hold harmless Cas	Casper Construction, Inc. and a cers and agents, from any and a to Casper Construction, Inc. pusper Construction, Inc., education	all educational institutions, employ Il liability for all claims or damages ursuant to this authorization, and d	ersonal references from and against any			
I understand that this application	n is not a contract of employme	nt.				
		E WORKPLACE. PRE-EMPLING YOUR EMPLOYMENT.	OYMENT DRUG SCREENING			
Signature:			Date:			



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

Applicant/Employee Information						
Last Name:	First Name):	Middle:			
AKA's/Maiden/Other Names Used:						
Present Street Address:						
City:		State:	Zip:			
Social Security Number:		Date of Birth:	Sex:	М	F	
Driver's License Number:		State of Issue:				
INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by CASPER CONSTRUCTION , INC. ("the Company") at any time after receipt of this authorization and throughout my employment or performance of services, if applicable. I agree that these reports may be delivered to me in either written or electronic form. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information, including criminal background information, requested by PTC Assist LLC , 9 Compound Drive , Hutchinson , Kansas 67502 ; telephone : 620-669-4484 , www.ptcassist.com and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.						
New York applicants/employees: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law. New York City applicants/employees: You acknowledge and authorize the Company to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Company. Washington State applicants/employees: You have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.						
California, Minnesota and Oklahoma Check this box to receive a copy of applicable California state law) if on Email Address:	f any consu	 umer report, and/or investigative	consume	r report	t (as defined by	

Date: _____

Signature: